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CONFIRMATION NO. 5996

<b>SERIAL NUMBER</b> 09/973,298	<b>FILING OR 371(c) DATE</b> 10/09/2001 <b>RULE</b>	<b>CLASS</b> 428	<b>GROUP ART UNIT</b> 1772	<b>ATTORNEY DOCKET NO.</b> 963 P 001
<b>APPLICANTS</b> John W. Polley, River Forest, IL;				
<b>** CONTINUING DATA *****</b> <i>none CAS</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none CAS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Catherine Dimora</i> <i>CAS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 29
				<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> DILWORTH & BARRESE, LLP 333 EARLE OVINGTON BOULEVARD UNION DALE , NY 11553				
<b>TITLE</b> Ergonomic surgical floormat				
<b>FILING FEE RECEIVED</b> 586	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	